

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

1-23. (Canceled)

24. (Previously presented) A surgical method for laparoscopically implanting at least two spinal fusion implants into a disk space separating a first vertebra and a second vertebra for stabilization of the spine, said method comprising:

- (a) placing a cannula for accessing the spine and passing implantation tools through the cannula in alignment with a first location at said disk space;
- (b) selecting a distraction spacer having a rigid body with diametrically opposite surfaces separated by a distance corresponding to a desired distraction of said vertebrae;
- (c) passing said distraction spacer through said cannula to said first location;
- (d) distracting said disk space by urging said distraction spacer completely into said disk space at said first location from said cannula;
- (e) placing said cannula in alignment with a second location at said disk space after steps (a) through (d);
- (f) passing a first of said implants through said cannula to said second location;
- (g) inserting said first implant into said second location;
- (h) placing said cannula at said first location after steps (e) through (g);
- (i) removing said spacer through said cannula;
- (j) passing a second of said implants through said cannula to said first location; and
- (k) inserting said second implant into said first location.

25-42. (Canceled).

43. (Currently amended) A surgical method for laparoscopically implanting a spinal fusion implant into a disk space separating a first and second vertebra for stabilization of the spine, said method comprising:

placing a cannula for accessing the spine and passing implantation tools through the cannula;

laparoscopically placing through said cannula a hollow tube having an open first end and an open second end with said tube placed with said first end positioned against said disk space at a desired implant location; and

selecting a boring tool having a guide pin on a distal end thereof and a cutting portion proximal to the guide pin, said guide pin having a radial dimension sized to approximate a desired distraction of said disk space and smaller than a radial dimension of the cutting portion of said tool at said distal end, said guide pin attached to said boring tool for movement therewith and prevented from movement independent from said boring tool, and said guide pin having at least one flat capable of grinding away disk material.

44. (Canceled).

45. (Previously presented) A method according to claim 43 further comprising simultaneously inserting said distal end and said attached guide pin into said second end of said tube and passing said distal end and said attached guide pin through said tube to said desired implant location.

46. (Previously presented) A method according to claim 45 further comprising advancing said guide pin into said disk space with said pin urging against opposing surfaces of said first vertebra and said second vertebra.

47. (Previously presented) A method according to claim 46 further comprising rotating a proximal end of said boring tool external of said tube to cause rotation of said cutting portion with said cutting portion boring into said opposing surfaces.

48. (Previously presented) A method according to claim 47 further comprising advancing said distal end into said disk space while continuing said rotation and with said guide pin guiding said distal end by advancing into said disk space simultaneous with an advancement of said cutting portion to maintain an axis of said distal end in parallel and equidistant spacing between said opposing surfaces.

49. (Previously presented) A method according to claim 24 further comprising selecting a hollow tube having an open first end and an open second end and with said first end having a plurality of exposed teeth around said open first end to bite into both of said vertebrae, said exposed teeth extending permanently and axially away from said open first end and surrounding a perimeter of said open end.

50. (Previously presented) A method according to claim 49 further comprising placing a sleeve around an external surface of said tube with said sleeve having a blunt distal end and with said sleeve slidably placed on said tube with said blunt end surrounding said perimeter and covering said exposed teeth, said sleeve slidable on said tube to a recessed position with said blunt end recessed for said teeth to extend beyond said blunt end.

51. (Previously presented) A method according to claim 50 further comprising laparoscopically advancing said first end of said tube and said distal end of said sleeve toward a desired implant location of said disk space with said blunt end contacting said vertebrae at said location.

52. (Previously presented) A method according to claim 51 further comprising continuing advancement of said first end of said tube toward said location with said blunt end

maintained in contact with said vertebrae at said location and with said sleeve sliding relative to said tube to said recessed position during said continuing advancement and urging said teeth into said vertebrae to fix said tube first end at said location, whereby said blunt end covers said teeth throughout advancement of said tube first end to prevent injury from said teeth as said first end of said tube is advanced.

53. (Canceled).

54. (Previously presented) The method of claim 24, further comprising marking said first and second locations at said disk space before step (a).

55. (Previous presented) The method of claim 24, further comprising:
after step (e):

- (e1) passing a guide tube through said cannula to said second location with an axis of said guide tube centrally positioned between said end plates;
- (e2) passing a boring tool through said guide tube to said second location and with said boring tool and guide tube having cooperating surfaces to prevent lateral movement of said boring tube relative to said guide tube as said boring tool is moved axially relative to said guide tube;
- (e3) boring a bore with said boring tool at said second location into said disk space and at least partially into each of said first vertebra and said second vertebra;
- (e4) removing said boring tool through said cannula; and

after step (i) and before step (j):

- (i1) passing a boring tool through said cannula to said first location;
- (i2) boring a bore with said boring tool at said first location into said disk space and at least partially into each of said first vertebra and said second vertebra;
- (i3) removing said boring tool through said cannula.

56. (Previously presented) The method of claim 55, wherein step (g) comprises inserting said first implant into the bore bored at said second location, and step (k) comprises inserting said second implant into the bore bored at said first location.

57. (New) A surgical method for laparoscopically implanting a spinal fusion implant into a disk space separating opposing end plates of a first vertebra and a second vertebra, said method comprising:

- placing a cannula for accessing the spine in alignment with the disk space;
- inserting a guide pin secured to a drill tube guide through the cannula into the disk space so that the guide pin abuts the opposing end plates and the axis of the guide pin is equidistant from the end plates;
- placing a drill tube through the cannula and over the drill tube guide;
- securing the drill tube to the first and second vertebrae;
- removing the guide pin and the drill tube guide through the drill tube while retaining the drill tube secured to the first and second vertebrae;
- securing the guide pin to a boring tool;
- inserting the guide pin secured to the boring tool through the drill tube;
- guiding the boring tool between the first and second vertebrae with the guide pin; and
- at least partially forming an implant bore with the boring tool.